FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000012159 (8)

1. Corporation Name

TRANSVALUE, INC.

Principal Place of Business
9065 NW 13 TERR
MIAMI FL 33172

Mailing Address
9065 NW 13 TERR
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1993

3a. Date of Last Report: 03/07/1994

4. FEI Number: 65-0393632 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MONTALVO, LUIS F
9065 NW 13 TERR
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTALVO, LUIS F
STREET ADDRESS	5020 SW 154 AVE
CITY-ST-ZIP	MIAMI FL 33185
TITLE	D
NAME	MONTALVO, MARENA M.
STREET ADDRESS	5020 SW 154 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☒ Change ☐ Addition
12 NAME	Montalvo, Luis F.	
13 STREET ADDRESS	9065 N.W. 13th Terrace	
14 CITY-ST-ZIP	Miami, Florida 33172	
21 TITLE		☒ Change ☐ Addition
22 NAME	Montalvo, Marena M.	
23 STREET ADDRESS	9065 N.W. 13th Terrace	
24 CITY-ST-ZIP	Miami, Florida 33172	
31 TITLE	VP	☒ Change ☐ Addition
32 NAME	Rodriguez, Fidel A.	
33 STREET ADDRESS	3267 S.W. 25th Street	
34 CITY-ST-ZIP	Miami, Florida 33133	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95 305-592-0997
Date Phone #

0185764 CP